



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
MAR 01 2021 STAMP
BY 10942
DS

1. Entity ID Number 20057		2. Exact name of the Corporation RHODE ISLAND PROVISION CO.												
3. Principal Office Address 5 Day Street			City Johnston	State RI	Zip 02919									
4. NAICS Code 311999		6. Brief description of the character of business conducted in Rhode Island food processing, food service, food manufacturing, wieners and hot dogs												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Kerry Lemieux			Vice-President Name None											
Street Address 5 Day Street			Street Address											
City Johnston	State RI	Zip 02919	City	State	Zip									
Secretary Name Kerry Lemieux			Treasurer Name Kerry Lemieux											
Street Address 5 Day Street			Street Address 5 Day Street											
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name Kerry Lemieux			Director Name											
Street Address 5 Day Street			Street Address											
City Johnston	State RI	Zip 02919	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>common</td> <td>no par value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	common	no par value			
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200	common	no par value												
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.														
Name of Authorized Representative Kerry Lemieux, President				Date 2-19-21										
Signature of Authorized Representative 														

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov